

# NICOZDIAMOND INSURANCE COMPANY

Our Ref & Date .....

Claim No.....

The Member-In-Charge  
Zimbabwe Republic Police

Attention: .....

TAB No .....Place .....

Day of week..... Date ..... Time .....

	1 <sup>st</sup> Vehicle	2 <sup>nd</sup> Vehicle	3 <sup>rd</sup> vehicle
Driver			
Address			
Make & Type of M.V			
Registration Number			
Registered Owner(s)			
Insurance Company			
Policy Number			

Kindly confirm the following:-

1. No criminal action is contemplated against either party
2. The collision is at present under investigation and all papers will be forwarded, in due course, to the Public Prosecutor for his decision as regards prosecution
3. The case appeared in the Magistrate's Court in ..... on the..... when .....was convicted of .....
4. A deposit fine of \$ ..... was paid by ..... for .....
5. If no one was charged please state who was responsible for the accident  
.....

Name of Police Officer ..... Rank .....

Police Date & Stamp .....